



1631/P

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PTO/SB/21 (08-00)  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

7

Application Number

09/910,345

Filing Date

July 20, 2001

First Named Inventor

H. Michael Shepard

Group Art Unit

1631

Examiner Name

Smith, Carolyn L.

Attorney Docket No.

NB 2017.00

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment / Reply

☐ After Final

☐ Affidavits/declarations

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/  
Incomplete Application

☐ Response to Missing Parts  
under 37 CFR 1.52 or 1.53

☐ Assignment Papers  
(for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to  
Group

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify  
below):

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SEP 23 2003

TECH CENTER 1600/2900

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm

or

Individual Name

Antoinette F. Konski  
Bingham McCutchen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, California 94111

Signature

*Antoinette F. Konski*

Date

*Sept. 11, 2003*

## CERTIFICATE OF TRANSMISSION

I hereby certify that this paper and all enclosures are being sent first class mail on the date indicated below to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

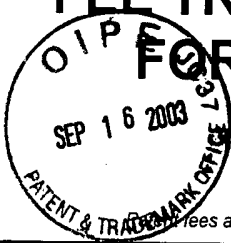
September 11, 2003

*Peggy Nichols*

Peggy Nichols

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL  
FOR FY 2003**

Fees are subject to annual revision.

**Complete if Known**

Application Number	09/910,345
Filing Date	July 20, 2001
First Named Inventor	H. Michael Shepard
Examiner Name	Smith, Carolyn L.
Group Art Unit	1631
Attorney Docket No.	NB 2017.00

**TOTAL AMOUNT OF PAYMENT**(\$)**725.00**
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**TECH CENTER 1600/2900**
**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

 Deposit Account Number **50-2518**

 Deposit Account Name **Bingham McCutchen LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ **Payment Enclosed:**

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	376	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1) (\$)**
**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
* - 20** =	*	x	= \$
Independent Claims	- 3** =	*	x
Multiple Dependent			= \$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claims, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2) (\$)**

\*\* or number previously paid, if greater; For reissues, see above.

**FEE CALCULATION (continued)**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	725.00
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

 Other fee (specify) **10 extra patent copies (10 x 3)**

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**
**(\$)**725.00****
**SUBMITTED BY**

Name (Print/Type)

**Antoinette F. Kanski**

 Registration No.  
(Attorney/Agent)

**34,202**

Complete (if applicable)

Telephone

**(650) 849-4950**

Signature

*Antoinette F. Kanski*

Date

**Sept. 11, 2003**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



Docket No. NB 2017.00

**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):**

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[ ] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner \_\_\_\_\_ at Facsimile No. \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Dated: September 11, 2003

Name of Person Certifying: \_\_\_\_\_  
Printed Name: Peggy Nichols

*Peggy Nichols*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: H. Michael Shepard, et al.

Confirmation No.: 4437

Filing Date: July 20, 2001

Examiner: Smith, Carolyn L.

Serial No.: 09/910,345

Group Art Unit: 1631

Title: METHODS FOR IDENTIFYING THERAPEUTIC TARGETS  
FOR TREATING INFECTIOUS DISEASE

**RESPONSE TO REQUIREMENT FOR RESTRICTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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SEP 23 2003

TECH CENTER 1600/2900

Dear Sir:

This Paper is submitted in response to the Requirement for Restriction issued by the U.S. Patent and Trademark Office on April 14, 2003, in connection with the above-identified application. A response to this Notice was due one month from the date of issuance, *i.e.*, on or before May 14, 2003. Enclosed herewith is a Petition for a Four Month Extension of Time along with authorization to charge the extension fee to the undersigned's Deposit Account. In view of the filing of the Petition and payment of the fee, a response is now due September 14, 2003. Accordingly, this Response is timely filed.

## REQUIREMENT FOR RESTRICTION

The Examiner required restriction among the following allegedly independent and distinct groups:

- I. Group I, claims 1-6, drawn to a method for inhibiting the proliferation of a pathogen or a cell infected with a pathogen, classified in class 514, subclass 2. If this Group is elected, then three of the summarized specie election are required.
- II. Group II, claims 7-17, drawn to a method for screening for a therapeutic agent that selectively inhibits the growth of pathogen or a pathogen-infected cell, classified in class 424, subclass 9.2. If this Group is elected, then three of the summarized specie election are required.
- III. Group III, Claims 18-67, drawn to a method, system, and computer program product for identifying drug targets, classified in class 702, subclass 19. If this Group is elected, then two of the summarized specie election are required.
- IV. Group IV, Claims 68-74, drawn to a method for alleviating symptoms of a disease, classified in class 514, subclass 2. If this Group is elected, then two of the summarized specie election are required.
- V. Group V, Claims 75-81, drawn to a method for treating an infection caused by iECTA enzyme expression, classified in class 514, subclass 2. If this Group is elected, then two of the summarized specie election are required.

For the sake of brevity, the species summary is not reproduced in this paper.


Applicants hereby elect with without traverse to prosecute the invention of Group III, claims 18 to 67. With respect to the species election, Applicants further elect the target organism bacterium (species I) and the FAST algorithm (species P).

In the unlikely event that the transmittal letter is separated from this document and/or the Patent Office determines that an extension and/or other relief is required, Applicants petition for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to

**Deposit Account No. 50-2518**, billing reference number **70083922001**. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Respectfully submitted,

Date: September 11, 2003

By:   
Antoinette F. Konski  
Reg. No. 34,202

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